

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> Substitute for Form PTO-1360 (For use with Form PTO/SB/06)			Application Number 10/520,476		Filing Date 15 September, 2005		<input type="checkbox"/> To be Mailed						
			Applicant(s) MOUFFLET, CLAUDE						Page 1 of 1				
* May be used for additional claims or amendments													
CLAIMS	AS FILED		AFTER FIRST AMENDMENT 04/15/2008		AFTER SEC. AMENDMENT		*			*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
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2				1			52						
3				1			53						
4				1			54						
5				1			55						
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7				1			57						
8				1			58						
9				2			59						
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13				1			63						
14				1			64						
15				2			65						
16				1			66						
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18				1			68						
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49							99						
50							100						
Total Indep		1					Total Indep						
Total Depend			22				Total Depend						
Total Claims			23				Total Claims						

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Part of Paper No20080515-1.